



**Utah State Tax Commission
TC-71DF
Sales Tax Refund Booklet
for Donated Food**

General Information

Effective January 1, 1998, a qualified emergency food agency may claim a sales tax refund on the pounds of food donated to the agency.

Qualified emergency food agencies are issued 12 refund coupons per year for use in that year. While the agencies may apply for a refund of Utah sales tax as often as on a monthly basis, they are **not required** to file for refunds on a monthly basis. Any coupons not used during the year for which they were issued should be discarded.

Do not attach supporting documentation to the refund coupon. Records supporting the refund claim must be kept by the agency for three years following the date of refund.

Refund requests should be returned to the Tax Commission by the tenth day of the month for taxes accumulated through the previous month in order to ensure a timely refund.

If the preprinted information on the coupon is incorrect, please make changes on the change form in the back of the coupon booklet. **Please only use the original coupon, and not copies, for filing purposes.**

Instructions for TC-71DF

Line 1 Enter total pounds of food eligible for refund for the refund period.

Line 2 Multiply line 1 by 1.95 (\$1.95), and enter the result.

Line 3 Multiply line 2 by .0575 (5.75%) and enter the result. This is the amount of your refund.

Mail the coupon to the Tax Commission using the address printed on the coupon.

If you have any questions, contact the Tax Commission at (801) 297-2200 or toll free at 1-800-662-4335.

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at (801) 297-3811 or TDD 297-3819. Please allow three working days for a response.



Tax Type	Account Number	Tax Period

UTAH STATE TAX COMMISSION
DONATED FOOD SALES TAX REFUND
210 N 1950 W
SLC UT 84134-3212

1. Pounds of food eligible for refund	
2. Multiply line 1 by 1.95 (\$1.95)	
3. Multiply line 2 by .0575 (5.75%) This is your refund amount.	

I declare under penalty of perjury that to the best of my knowledge and belief this information is correct and complete.

Authorized Signature

Date

Telephone

Change Form for Preprinted Information

Change in Business Name			Business Discontinued		
New name:			Effective date:		
Change in Mailing Address			Change in Business Address		
Name			Business name		
New address			New address		
City	State	ZIP code	City	State	ZIP code
Account number	Telephone number		Account number	Telephone number	
Request for New Application			Complete this section only when changing ownership status.		
Business name			Contact person		
Address		City	State	ZIP code	